

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
09/529319

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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14						
15						
16		15		1		
17		15		1		
18		15		1		
19		10		1		
20		1				
21		15		1		
22		15		1		
23		15		1		
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27	1					
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41						
42						
43						
44					1	
45						1
46						1
47						1
48						1
49						1
50						1
TOTAL IND.	4		4		1	
TOTAL DEP.	123		39		6	
TOTAL CLAIMS	127		43		7	

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
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95						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.	1					
TOTAL CLAIMS	1					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADAMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831

per Amndt. 12.16.03